MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

CLAIM	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			CLAIM						
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP
1								51						
2								52						
3								53						
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43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.								TOTAL IND.						
TOTAL DEP.								TOTAL DEP.						
TOTAL CLAIMS								TOTAL CLAIMS						